DMHA Quarterly Financial Review

June 2008

SHIP INDIANAPOLIS STAR

EDITORIAL

Give state leaders credit for all-time high rating

tate legislators and then-Gov. Joe Keman had churned through nearly every budget gimmick at their disposal by the fall of 2004.

Payments to public schools, universities and local governments — \$715 million worth — had been delayed indefinitely. A one-time dose of \$250 million in federal aid, thrown into the budget gap, already had been expended. The state also had dipped into Teachers Retirement Fund reserves, pulling out \$380 million to meet current obligations.

Yet, despite running through maneuvers that bordered on desperation, the state still faced a budget shortfall of more than \$800 million. Analysts also were pessimistic about the state's ability to grow its way out of the budget mess because of an old-school economy, dependent on a traditional manufacturing sector long in decline.

The fiscal climate of four years ago needs to be kept in mind when assessing the significance of Standard & Poor's decision this week to award a first-ever AAA bond rating to Indiana.

Our position:
State rewarded for
taking reasonable
chances to bring budget
under control.

Yes, the savings to taxpayers that will come with the higher rating — including \$850,000 a year on Lucas Oil Stadium and the convention center expension — are worth celebrating.

But perhaps even more important is the fact that a respected independent firm has validated several difficult, controversial decisions that Gov. Mitch Daniels and the General Assembly made to bring Indiana's budget back into balance.

One of those decisions involved capping annual growth in the Medicaid budget at 5 percent (both projections and past experience called for 10 percent growth). Critics said it couldn't be don at least not without inflicting undue po on Indiana's poorest and sickest residents. The cap, however, worked, bringing under control a line item that would have otherwise wrecked the budget. In the interim, the state created a promising health insurance program for low-income Hoosiers that is funded through a cigarette tax increase.

The lease of the Indiana Toll Road contimes to draw fire, but the \$3.8 billion in capital leveraged through the deal has enabled the state to make much-needed improvements in infrastructure while handing off management of an underperforming asset.

In announcing Indiana's higher boad rating, Standard & Poor's noted that the state's economy now is more diversified than in past years. That's not by accident. The state, starting in the O'Bannon administration, began pushing growth in the life sciences, logistics, advanced manufacturing and high-tach sectors.

Bottom line? Indiana's leaders took reasonable chances, making hard and sometimes unpopular choices. Now, all Hoosiers are set to reap the rewards.

Capping Annual Growth in Medicaid to 5%

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WALL STREET

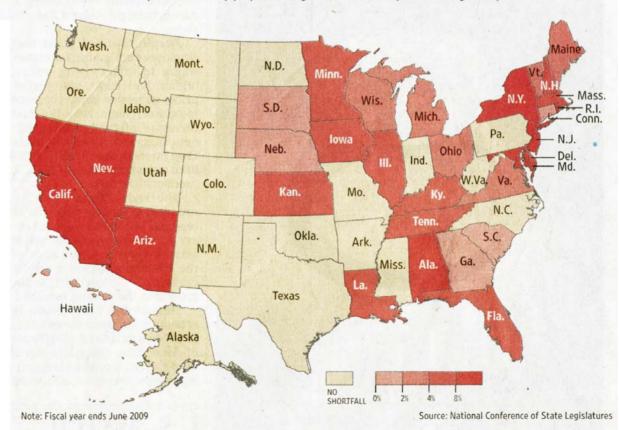
THURSDAY, JULY 24, 2008 - VOL. CCLII NO

States Slammed by Tax Shortfalls

By Conor Dougherty, Amy Merrick And Anton Troianovski

Strapped in America

Size of shortfall faced by states as they prepared budgets for the fiscal year that began July 1.



Division of Mental Health & Addictions

June-08

Numbers Illustrated in Thousands

Expenditures

Medicaid

Inpatient Psychiatric
Mental Health Rehabilitation
Other Mental Health Services
PRTF Facilities
PRTF Grant
SED Waiver
PCCM Admin Fees
State Plan Services (PRTF and SED Only)

Total - Medicaid

Non-Medicaid

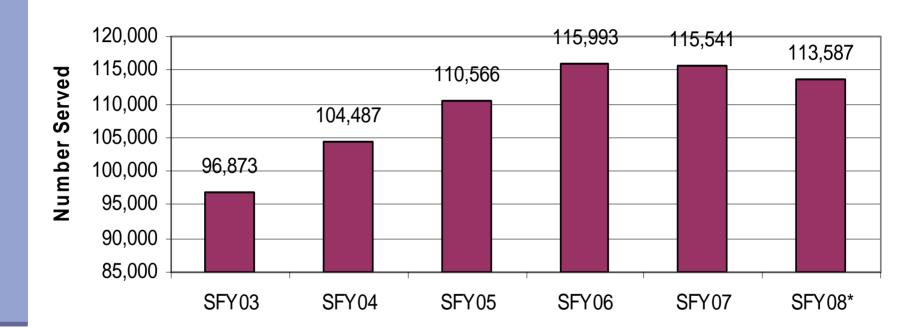
DMHA Seriously Mentally III
Substance Abuse Treatment
Seriously Emotionally Disturbed Children
Substance Abuse Prevention
DMHA Administration
Gambler's Assistance Program
Crisis Counseling and Emergency Preparedness Program
Mental Health Funds Recovery Administration
Mental Health Transformation
Logansport State Hospital
Richmond State Hospital
Madison State Hospital
Evansville State Hospital
Larue Carter Memorial Hospital
Evansville Psychiatric Children's Center

Total - Non-Medicaid

Total - Expense

SFY 2008 Ye	ar To Date		SFY 2009
Actual	Budget	Variance	Budget
30,458	31,763	1,305	34,065
269,330	291,710	22,380	284,342
24,754	27,136	2,381	28,880
35,187	34,105	(1,082)	34,482
45	1,356	1,311	5,397
7	2	(5)	0
4	4	(1)	35
2,076	1,765	(312)	2,697
361,862	387,840	25,978	389,898
001,002	001,010	20,010	333,333
113,183	115,279	2,095	113,613
36,519	37,357	839	38,040
19,528	19,936	408	19,776
9,796	10,834	1,039	12,956
4,248	5,312	1,063	4,907
1,446	3,269	1,823	2,760
53 47,435	901 31,317	848 (16,119)	1,103 37,405
585	662	(10,119)	721
52,887	49,835	(3,051)	56,223
38,534	39,124	591	41,628
29,775	30,411	636	31,631
27,688	28,571	882	30,361
28,030	27,514	(515)	29,610
3,953	3,915	(39)	4,539
413,660	404,236	(9,425)	425,273
410,000	-04,200	(5,425)	720,210
775,523	792,076	16,553	815,170

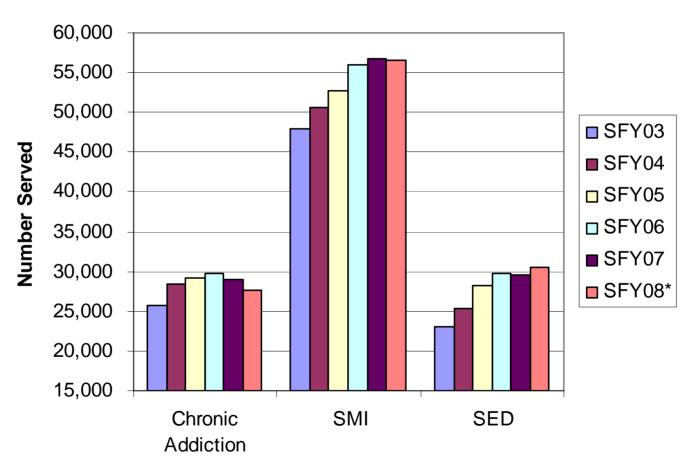
Hoosier Assurance Plan Numbers Served Annually



Source: CSDS Database

^{*} Data received as of June 30

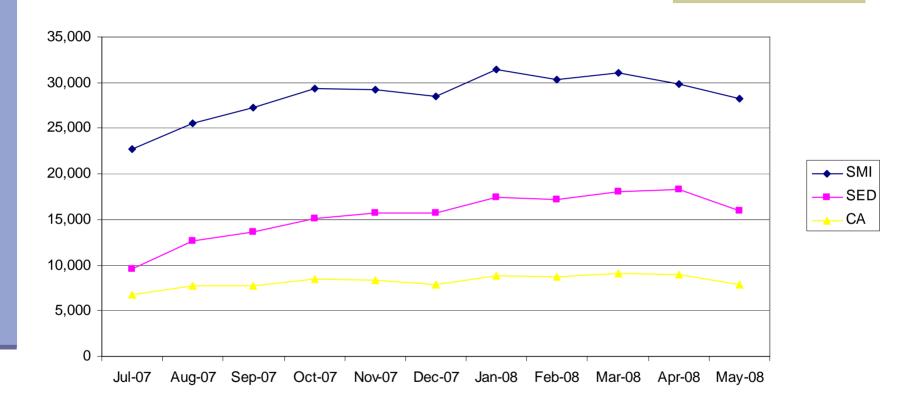
Hoosier Assurance Plan Numbers Served Annually by Population



^{*} Data received as of June 30

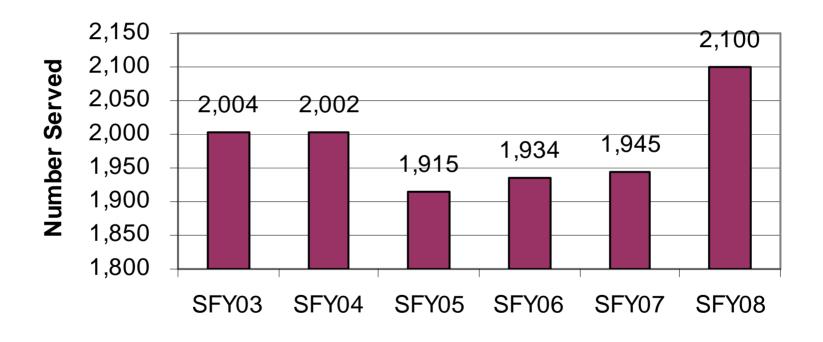
Source: CSDS Database

Hoosier Assurance Plan Numbers Served Monthly by Population



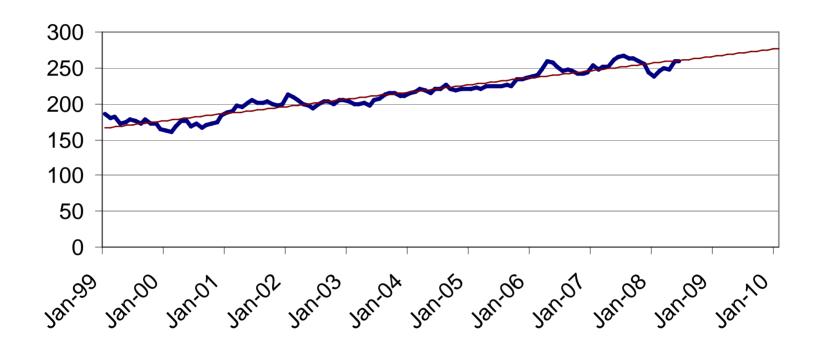
Source: CSDS Database

State Hospitals Annual Enrollments



Source: AVATAR

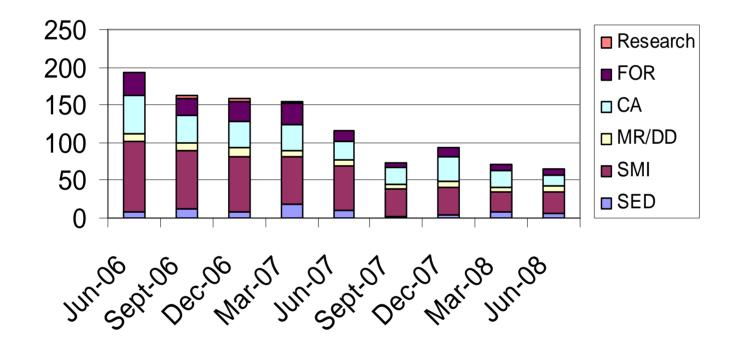
State Hospitals Forensic Trending



Source: AVATAR

State Hospitals Waiting for Admission





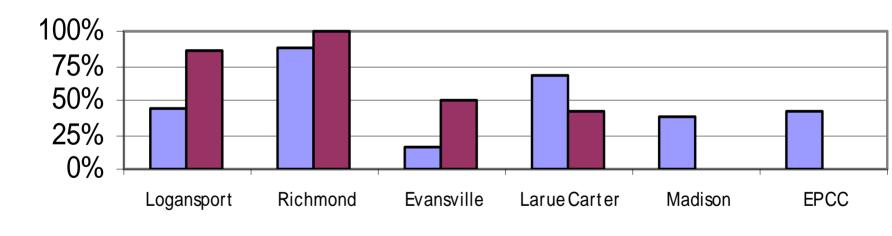
Time Period

State Hospitals Waiting for Admission June 30

	SED	SMI	DD	CA	Forensic	Research	Total
Logansport 388 beds		8	1		10		19
Richmond 312 beds	0	1	6	13	0		20
Evansville 168 beds		10	1		0		11
L. Carter 159 beds	7	6	0		0	0	13
Madison 150 beds		3	0		0		3
EPCC 28 beds	0						0
TOTAL	7	28	8	13	10	0	66

State Hospitals Recent Admissions

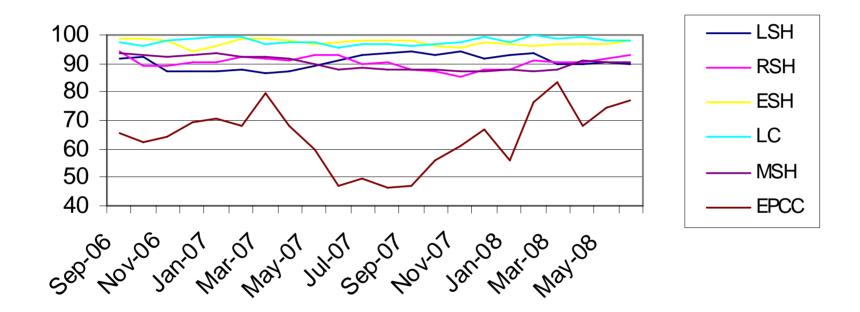
Percent Discharged of Patients Admitted Between 7/1/07 and 12/31/07 Total Discharges = 348 Total Admissions =459



■ Non-Forensic ■ Forensic

Source: AVATAR

State Hospitals Occupancy %



State Hospitals Year to Date June 30

	FTE per Occupied Bed Actual	Cost per Day Actual	Budgeted Cost per Day	Occupancy % YTD with Leave Days	Occupancy % on 06/30/08
Logansport 388 beds	2.32	\$464	\$445	91.71%	89.95%
Richmond 312 beds	2.21	\$412	\$413	89.44%	93.28%
Evansville 168 beds	2.64	\$550	\$606	97.03%	98.02%
L. Carter 159 beds	2.55	\$551	\$600	97.98%	98.36%
Madison 150 beds	3.57	\$784	\$775	88.31%	90.49%
EPCC 28 beds	3.37	\$672	\$629	64.73%	77.02%

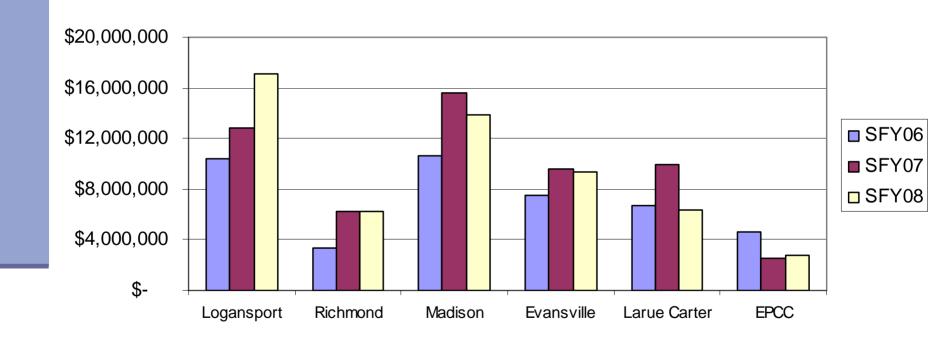
State Hospitals Year to Date June 30

	Cost Per Meal Actual	Ratio of Psychiatrists to Patients	Ratio of Psychiatrists to Beds
Logansport 388 beds	\$4.28	1:35	1:39
Richmond 312 beds	\$6.72	1:32	1:35
Evansville 168 beds	\$7.97	1:33	1:34
L. Carter 159 beds	\$5.77	1:32	1:32
Madison 150 beds	\$8.28	1:27	1:30
EPCC 28 beds	\$4.32	1:21	1:28

State Hospitals Year to Date June 30

Monthly Cost of Prescription Per Patient	Dually Diagnosed	Addictions	Geriatric	SMI	MR/DD	Adolescent /Children
Logansport 388 beds			\$935.35	\$829.27	\$818.34	
Richmond 312 beds	\$776.73	\$222.53		\$1,161.81	\$1,202.00	\$647.72
Evansville 168 beds			\$1,030.63	\$1,042.24	\$1,140.33	
L. Carter 159 beds				\$1,028.11		\$912.17
Madison 150 beds			\$751.76	\$944.68	\$950.83	
EPCC 28 beds						\$562.95

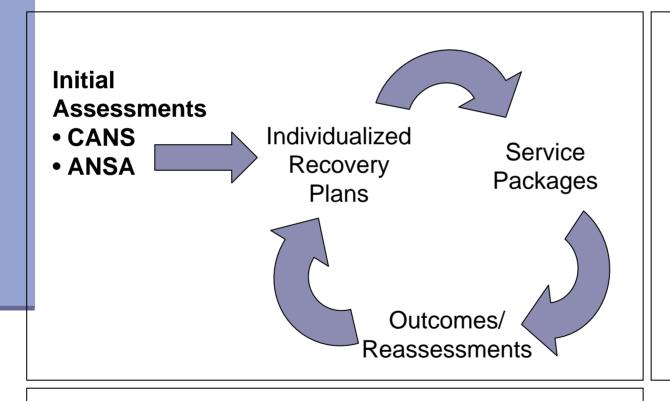
State Hospitals Patient Specific Revenue



Transformation

- Focus Areas
 - Delivery and Financing
 - Cross Systems Initiatives
 - Consumer and Family Involvement
 - Relationship Management
 - Results Management

Transformation Framework



Consumer Service Reviews

- Children'sMental Health
- AdultMental Health
- Addiction

Performance Based Contracts

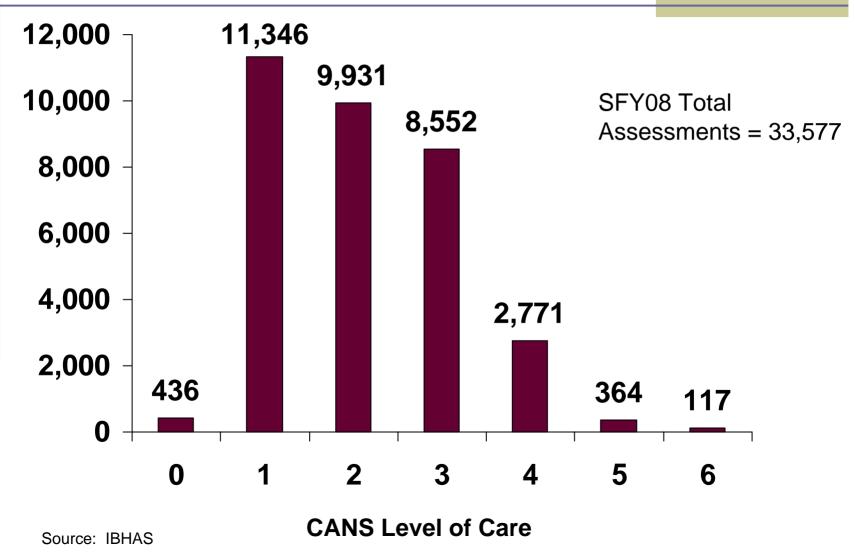
Transformation Delivery and Financing

- IGT Rule
- MRO Prior Authorization
 - Reviewing the MRO Program including service definitions and service array
 - Developing recommendations for prior authorization of MRO services
 - Providing feedback regarding restructuring of public funding streams in response to federal changes

Transformation Cross Systems Initiatives

- Assessment Tools and Technology
 - CANS
 - ANSA
 - IBHAS
- Supportive Housing
- Consumer Employment
- Health/Behavioral Health Integration
- Forensics

Transformation CANS Mental Health Assessments



Transformation Consumer and Family Involvement

- Position of Bureau Chief for Office of Consumer and Family Involvement elevated to direct report to DMHA Assistant Director
- Contracts with advocates negotiated to include funds to promote Consumer and Family participation in DMHA initiatives
- Anti-stigma Campaign
- Peer Support Services

Transformation Relationship Management

- Performance Based Contracting
 - Practice continues in SFY09 to base a portion of each DMHA treatment provider's payment on performance toward meeting Process Measure targets
- Process Measures
 - Timely submission of data
 - Average number of clients served per month
 - Submission of reassessment data

Transformation Relationship Management

- Outcome Measures
 - Homelessness/living situation
 - Employment
 - Decreased involvement in criminal/juvenile justice system
 - Retention in care
 - Reduced use of substances
- Data being collected to establish benchmarks allowing funding to be connected to these measures in the future

Transformation Results Management

- SFY08 Consumer Service Reviews
 - 218 total cases reviewed across 10 CMHCs
 - Technical Assistance provided to participating CMHCs
 - Completed pilot review of Amethyst House, an addiction provider
 - More information available at: http://www.in.gov/fssa/dmha/4733.htm

Transformation Results Management

SFY09 Consumer Service Reviews

Northwest Region - Week of August 18, 2008

- Adult Survey Southlake Community Mental Health Center
- Youth Survey Swanson Center

Central Region - Week of September 8, 2008

- Adult Survey Midtown Community Mental Health Center
- Youth Survey Adult & Child Community Mental Health Center

East/Southeast Region – Week of September 29, 2008

- Adult Survey Centerstone (formerly Quinco Consulting Center, Inc.)
- Youth Survey CMHC Lawrenceburg

Northeast Region - Week of December 1, 2008

- Adult Survey Four County
- Youth Survey Bowen Center

Southwest Region – Week of January 12, 2009

- Adult Survey Hamilton Center
- Youth Survey LifeSpring

Addiction Surveys

- Salvation Army Week of August 18, 2008
- CASI Week of March 23, 2009
- Second Chance Ministries Week of April 27, 2009

SAMHSA Grants

- Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF) – Funded
- Access to Recovery (ATR) Funded
- Strategic Prevention Framework State
 Incentive Grant (SPF-SIG) Funded in 2005
- Reduction of Seclusion and Restraint Funded
- Screening Brief Intervention Referral
 Treatment (SBIRT) Awaiting notification

Grants CA-PRTF

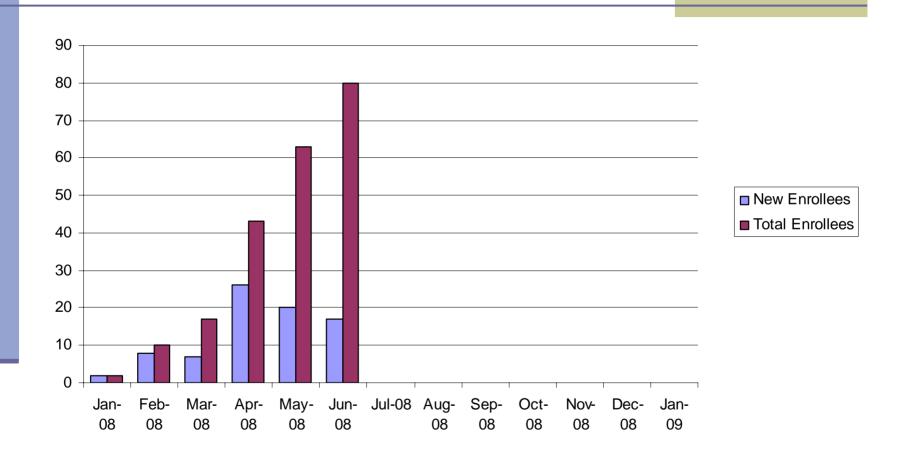
Local Community
 Mental Health
 Centers are the
 access sites in the
 shaded counties



Grants CA-PRTF

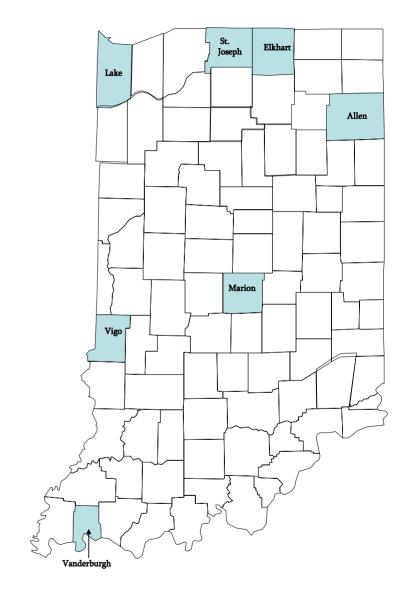
- Began enrolling youth in January 2008
- As of end of June 2008:
 - 101 youth have been referred: 79% approved/ 21% denied
 - 122 providers enrolled: 65% non-CMHCs/ 35% CMHCs
 - 70 youth diverted from PRTF admission
 - 10 youth transitioned from PRTF

Grants CA-PRTF



Grants Access to Recovery

 Care coordinators in the shaded counties provide access to the grant

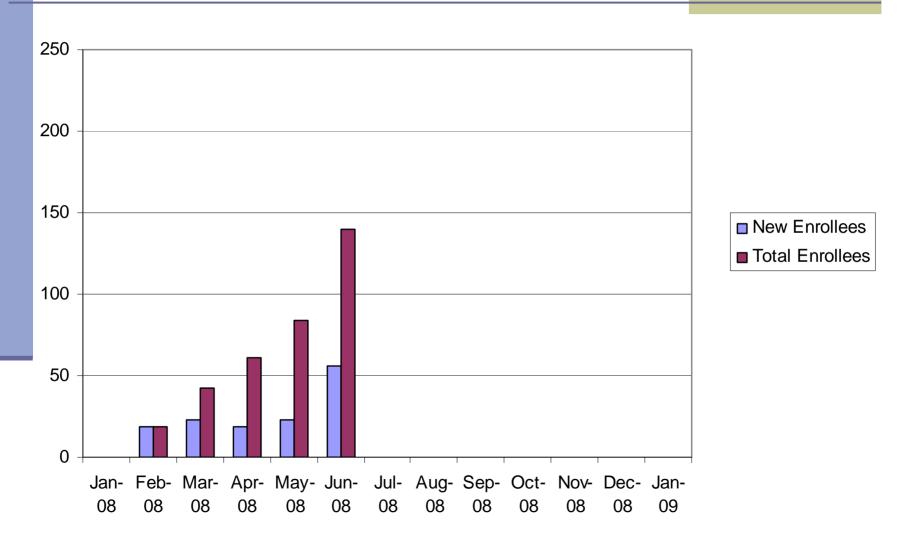


Grants

Access to Recovery

- Began enrolling clients in February 2008
- As of end of June 2008:
 - 4 Counties operational
 - Vigo, Vanderburgh, Elkhart, Lake
 - Go-Live Dates for remaining Counties
 - St. Joseph July 1, 2008
 - Allen July 15, 2008
 - Marion August 1, 2008
 - 140 clients are receiving services
 - 49 providers enrolled

Grants Access To Recovery



Grants Strategic Prevention Framework SIG

- Indiana's Epidemiological Profile is recognized as a national model both in format and scope by SAMHSA/CSAP
- Twelve Grants to local communities fund the completion of community epidemiological profiles and prevention efforts
- Indiana is the only Grantee to receive approval from SAMHSA to utilize unobligated funds from the first year of funding to make awards to eight additional communities

Strategic Prevention Framework SIG

Targeted Priories and Grantees

A = Alcohol

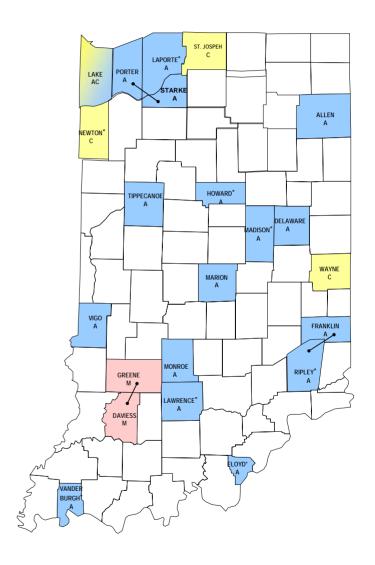
- Asset Building Coalition of Monroe County
- Batesville Community School Corporation*
- Coalition for Safe & Drug Free Tippecanoe County
- Delaware County Coordinating Council
- Drug & Alcohol Consortium of Allen County
- Drug Free Marion County
- Healthy Tobacco Free Madison County*
- Hoosier Uplands of Lawrence County*
- Howard County Family Services Association*
- Lake County Drug Free Alliance
- LaPorte County Drug Free Partnership*
- Our Place, Inc. of Floyd County*
- Porter/Starke, Inc.
- Vanderburgh County Substance Abuse Council*
- Vigo County Local Coordinating Council

C = Cocaine

- Drug Free Newton County*
- Geminus of Lake County
- Healthy Communities Initiative of St. Joseph County
- Partnership for a Drug Free Wayne County

M = Methamphetamine

- Greene/Davies Counties Local Coordinating Councils
- * Denotes Cohort 2 Communities



Grants

Reduction of Seclusion and Restraint

- EPCC and RSH Adolescent Unit was awarded the grant for the reduction of seclusion and restraint
- Grant funded for the 2007 2010 time period for a total amount of \$599,347
- 78 staff from EPCC and RSH trained in psycho educational model of care (Boys Town Model)
- Trauma Informed Care training scheduled for October, 2008

State Hospital Rebuilds

- Central Indiana Hospital build as part of a Neuroscience Center of Excellence
- Rebuild of Evansville Psychiatric Children's Center

State Hospital SFY09 Goals

- Patient Care
 - Reduction of Seclusion and Restraints
 - Decreased Length of Stay
- Cost Containment efforts
 - Increase nurse recruitment and retention and reduce nurse agency costs
 - Overtime
 - Pharmacy
 - Dietary
- Technology
 - Quadramed
 - Electronic Medical Records